

ARTICLE 3. AIR AMBULANCES

Rule 1. Definitions

836 IAC 3-1-1 Definitions

Authority: IC 16-31-2-7

Affected: IC 16-31-3-20

Sec. 1. The following definitions apply throughout this article:

(1) "14 CFR 135 and 119" means air carriers with reference to F.A.R. 135 and 119, and holding a current F.A.A. air carrier certificate, with approved air ambulance operations-helicopter or air ambulance operation-airplane operations specifications.

(2) "Advanced life support fixed-wing ambulance service provider" means a service provider that utilizes fixed-wing aircraft to provide airport to airport transports where the patients involved require a stretcher or cot and are being transported to or from a definite care medical setting.

(3) "Advanced life support rotorcraft ambulance service provider" means a service provider that utilizes rotorcraft aircraft to respond directly to the scene of a medical emergency either as an initial first responder or as a secondary responder and are utilized to airlift critically ill or injured patients directly to or between definitive care facilities or to a point of transfer with another more appropriate form of transportation.

(4) "Air-medical director" means a physician with an unlimited license to practice medicine in Indiana and who has an active role in the delivery of emergency care. The licensed physician shall be within an air ambulance service who is ultimately responsible for patient care during each transport. The air-medical director is responsible for directly overseeing and assuring that appropriate aircraft, air-medical personnel, and equipment are provided for each patient transported by the air ambulances within the air-medical services as well as the performance of air-medical personnel.

(5) "Air-medical personnel" means a person who is certified by the commission as a paramedic or is a registered nurse or physician with an unlimited license to practice medicine.

(6) "Certificate" or "certification" means authorization in written form issued by the commission to a person to furnish, operate, conduct, maintain, advertise, promote, or otherwise engage in providing emergency medical services as a rotorcraft or fixed-wing ambulance service provider as part of a regular course of doing business, either paid or voluntary.

(7) "F.A.A." means the Federal Aviation Administration.

(8) "F.A.R." means the federal aviation regulations, including, but not limited to, 14 CFR.

(9) "Fixed-wing ambulance" means a propeller or jet airplane.

(10) "Flight physiology" means the physiological stress of flight encountered during air medical operations to include, but not be limited to, temperature, pressure, stresses of barometric pressure changes, hypoxia, thermal and humidity changes, gravitational forces, noise, vibration, fatigue, and volume and mass of gases.

(11) "Principal operations base" means the operator's principal base of operations where required management personnel and records are maintained.

(12) "Rotorcraft ambulance" means an aircraft capable of vertical takeoffs and landings with the capability of hovering.

(Indiana Emergency Medical Services Commission; 836 IAC 3-1-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 366; filed May 15, 1998, 10:25 a.m.: 21 IR 3917; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2490)

Rule 2. Advanced Life Support Rotorcraft Ambulance Service Provider

836 IAC 3-2-1 Air ambulances; general requirements

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31

Sec. 1. (a) Any organization providing, or seeking to provide, rotorcraft ambulance services utilizing rotorcraft aircraft is required to be certified as an advanced life support rotorcraft ambulance service provider organization by the commission. The advanced life support rotorcraft ambulance service provider organization shall be certified in accordance with this article pursuant to IC 16-31 as appropriate.

(b) Certification by the commission as an advanced life support rotorcraft ambulance service provider is not required for the following:

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(1) A person who provides advanced life support while assisting the case of major catastrophe, disaster, whereby persons who are certified to provide emergency medical services or advanced life support are insufficient or are unable to cope with the situation.

(2) An agency or instrumentality of the United States as defined in 836 IAC 2-1-1(4).

(c) The provider of rotorcraft ambulance services shall ensure that the aircraft used in conjunction with the provision of advanced life support services meets the guidelines as specified in this article pursuant to IC 16-31, and is certified by the commission. Each rotorcraft ambulance service provider shall meet all applicable parts of F.A.A. regulation and shall hold a valid 14 CFR 135 air carrier certificate or shall have a contract with the holder of a 14 CFR 135 air carrier certificate to provide aviation services under their certificate. Either must also have current F.A.A. approved air ambulance operations specifications.

(d) Advanced life support rotorcraft ambulance service provider organizations will have a contract with one (1) or more supervising hospitals for the following services:

(1) Continuing education.

(2) Audit and review.

(3) Medical control and direction.

(4) Provide liaison and direction for supply of medications, fluids, and other items utilized by the organization.

(5) Safety and survival programs and education.

The contract shall include a detailed description of how such services will be provided to the advanced life support rotorcraft ambulance service provider organization. In those cases where more than one (1) hospital contracts, or seeks to contract, with an advanced life support rotorcraft ambulance service provider organization as a supervising hospital, an interhospital agreement will be provided to the commission that clearly defines the specific duties and responsibilities of each hospital to ensure medical, safety, and administrative accountability of system operation. A contract is not required when the hospital and the provider are the same organization.

(e) The advanced life support rotorcraft ambulance service provider organization will have an air-medical director provided by the advanced life support rotorcraft ambulance service provider organization, or jointly with the supervising hospital, who shall be a physician who holds a currently valid unlimited license to practice medicine in Indiana and has an active role in the delivery of emergency care, and has knowledge of air transport problems and flight physiology. The air-medical director is responsible for providing competent medical direction and overall supervision of the medical aspects of the advanced life support rotorcraft ambulance service provider organization. The duties and responsibilities of the air-medical director include, but are not limited to, the following:

(1) Assuming all medical control and authority over any and all patients treated and transported by the rotorcraft ambulance service.

(2) Providing liaison with physicians.

(3) Assuring that the drugs, medications, supplies, and equipment are available to the advanced life support rotorcraft ambulance service provider organization.

(4) Monitoring and evaluating overall medical operations.

(5) Assisting in the coordination and provision of continuing education.

(6) Providing information concerning the operation of the advanced life support rotorcraft ambulance service provider organization to the commission.

(7) Providing individual consultation to the air-medical personnel.

(8) Participating on the medical control committee of the supervising hospital in at least quarterly audit and review of cases treated by air-medical personnel.

(9) Attesting to the competency of air-medical personnel affiliated with the advanced life support rotorcraft ambulance service provider organization.

(10) Designating an individual or individuals to assist in the performance of these duties.

(f) Each rotorcraft ambulance service provider will designate one (1) person to assume responsibility for in-service training. This person shall be certified as a paramedic, a registered nurse, or a licensed physician, and actively provide patient care during air ambulance transport.

(g) A rotorcraft ambulance service provider shall not engage in conduct or practices detrimental to the health and safety of emergency patients or to members of the general public while in the course of business or service as a rotorcraft ambulance service provider.

(h) The advanced life support rotorcraft ambulance service provider organization shall have an areawide plan to provide safety education and coordinate rotorcraft ambulance service with emergency medical services rescue, law enforcement, mutual aid back-up systems, and central dispatch when available.

(i) Each advanced life support rotorcraft ambulance service provider organization shall do the following:

(1) Maintain an adequate number of trained personnel and aircraft to provide continuous twenty-four (24) hour advanced life support services.

(2) Notify the commission in writing within thirty (30) days of a paramedic's affiliation or termination of employment, or for any reason that has prohibited a certified individual from performing the procedures required of a paramedic pursuant to 836 IAC 2.

(j) Each rotorcraft ambulance service provider shall designate one (1) person to assume the responsibilities for establishment of a safety committee consisting of the following:

(1) Pilot or pilots.

(2) Air-medical personnel.

(3) Aircraft maintenance technician or technicians.

(4) Communications personnel.

The safety committee shall meet at least quarterly and may be concurrent and in conjunction with the audit/review committee. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 367; filed May 15, 1998, 10:25 a.m.: 21 IR 3918; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2491*)

836 IAC 3-2-2 Certification; application

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31; IC 34-6-2-49

Sec. 2. (a) Application for certification as an advanced life support rotorcraft ambulance service provider will be made on forms prescribed by the commission and include, but not be limited to, the following:

(1) A narrative summary of plans for providing rotorcraft ambulance services, including the following:

(A) The staffing pattern of air-medical personnel and pilots.

(B) Defined area of primary and secondary response and an areawide coordination plan.

(C) Base of operations, a description of the visual flight rules weather minimums for both cross-county and local flight, and the definition of the "local flying area" quoted from the approved F.A.A. Part 135 operations specifications.

(D) Aircraft types and identification numbers.

(E) A listing of all personnel and their qualifications by category who will regularly serve as pilots and air-medical personnel on the aircraft.

(F) A copy of the patient care transport record to be utilized on each transport.

(2) Plans and methodologies to ensure that the trained personnel are provided with continuing education relative to their level of training. Continuing education on air transportation problems and flight physiology shall be provided on an annual basis. Continuing education will be approved by the advanced life support rotorcraft ambulance service provider organization air-medical director with the cooperation of the supervising hospital.

(3) A listing of all on-board life support and medical communications equipment available, including a list of drugs and medications to be carried on each aircraft.

(4) When appropriate, a copy of the contract between the advanced life support rotorcraft ambulance service provider organization and the supervising hospital or hospitals.

(5) A copy of all treatment protocols and standing orders (if applicable) under which all nonphysician personnel operate.

(6) The insurance requirement of IC 16-31 is satisfied if the rotorcraft ambulance service provider:

(A) has in force and effect public liability insurance according to:

Type of Liability	Minimum Limits	
	Each Person	Each Occurrence
Bodily injury liability excluding passengers	\$75,000	\$300,000
Passenger bodily injury liability	\$75,000	\$75,000 times 75% of total number of passenger seats installed in the aircraft

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Property damage

\$100,000

(B) combined coverage of a single limit of liability for each occurrence at least equal to the required minimums stated in clause (A) for bodily injury excluding passengers, passenger bodily injury, and property damage; or

(C) is a governmental entity within the meaning of IC 34-6-2-49.

(7) The insurance coverage specified in subdivision (6) shall be for each and every aircraft owned and/or operated by or for the rotorcraft ambulance service provider.

(b) Upon approval, an advanced life support rotorcraft ambulance service provider organization will be issued certification for the provision of advanced life support services as required in 836 IAC 2 and this article.

(c) The certificate issued pursuant to this article is valid for a period of two (2) years from the date of issue and shall be prominently displayed at the place of business.

(d) Application for certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate. Application for renewal shall be made on such forms prescribed by the commission and shall show evidence of compliance with this article as set forth for original certification. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-2; filed Oct 11, 1988, 11:05 a.m.: 12 IR 368; filed May 15, 1998, 10:25 a.m.: 21 IR 3919; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2492*)

836 IAC 3-2-3 Minimum specifications

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31

Sec. 3. (a) The rotorcraft ambulance performance characteristics are inherent in the type of aircraft selected by the rotorcraft ambulance service provider. The aircraft and its equipment and operations shall be in compliance with prevailing F.A.R. for the type of aircraft in question and flying conditions under which the aircraft will be operated as specified in the 14 CFR 135 air carrier certificate of the air ambulance service provider.

(b) The aircraft shall be capable of carrying a minimum of one (1) patient on a litter in a horizontal position located so as not to obstruct the pilot's vision or interfere with the performance of any member of the flight crew or required air-medical personnel.

(c) There shall exist a means of securing each litter and attached patient securely to either the floor (deck), walls (bulkhead), seats, or specific litter rack or any combination thereof which shall comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a field approval or supplemental type certificate (STC) shall be obtained.

(d) There shall be demonstrable unobstructed vertical space at the head and thorax areas of the upper surface of a litter or litters to allow for performance of advanced life support cardiac care.

(e) Both the head and thorax of a secured patient shall be accessible by a minimum of two (2) air-medical personnel at one (1) time.

(f) The patient compartment shall have lighting available for patient observation (a minimum of forty (40) foot-candles at the level of the patient is recommended). Lighting shall be such as to not interfere with the pilots vision and will be focused, shielded, diffused, or colored illumination.

(g) The patient compartment shall have fresh air ventilation for the comfort of all persons on board.

(h) The patient compartment shall have temperature regulation to assure the comfort of all persons on board.

(i) The aircraft shall have one (1) door demonstrably large enough for ease of patient litter loading and unloading in the supine position.

(j) The electrical system of the aircraft shall be capable of supporting all of the ancillary equipment without the threat of overload or systems failure.

(k) Other specialized equipment may be required to conduct certain operations. The installation of this equipment shall comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a field approval or supplemental type certificate (STC) shall be obtained.

(l) The aircraft shall have a searchlight rated as a minimum of four hundred thousand (400,000) candlepower or greater, manipulated by the pilot with a minimum movement of ninety (90) degrees vertical and one hundred eighty (180) degrees horizontal with the capability of illuminating the proposed landing site.

(m) The aircraft shall have air to ground communication capability to allow the pilot to communicate with all of the following ground personnel:

- (1) Law enforcement.
- (2) Fire/rescue.
- (3) Ambulances.
- (4) Hospital or hospitals.

(n) The aircraft shall be equipped with adequate patient restraint(s) to preclude interference with the crew or aircraft flight controls.

(o) The aircraft shall have an intercommunications system. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-3; filed Oct 11, 1988, 11:05 a.m.: 12 IR 369; filed May 15, 1998, 10:25 a.m.: 21 IR 3920; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2493*)

836 IAC 3-2-4 Operating procedures; flight and medical

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 4-21.5-1

Sec. 4. (a) Each organization shall maintain accurate records concerning the emergency care provided to each patient within the state as well as the following:

- (1) All advanced life support rotorcraft ambulance service providers shall utilize a patient care transport record.
- (2) All advanced life support rotorcraft ambulance service providers shall participate in the emergency medical service system review by:

- (A) collecting all data elements prescribed by the commission; and
- (B) reporting that information according to the procedure and schedules prescribed by the commission.

(b) Premises will be maintained, suitable to the conduct of a rotorcraft ambulance service, with provision for adequate storage and/or maintenance of rotorcraft ambulances and the on-board equipment.

(c) Each rotorcraft ambulance service provider shall have a periodic maintenance program as outlined for each specific aircraft certified by the commission in compliance with F.A.A. guidelines and manufacturer's service recommendations (MSR) as a minimum to assure that each rotorcraft ambulance, including equipment, is maintained in good, safe working condition and that rigid sanitation conditions and procedures are in effect at all times.

(d) All rotorcraft ambulance service provider premises, records, hangars, padding, and tie-down facilities, and rotorcraft ambulances will be made available for inspection by the director or the director's authorized representative at any time during regularly scheduled business hours.

(e) A determination of noncompliance with F.A.R. may result in immediate suspension of commission certification as a rotorcraft ambulance service provider.

(f) Each rotorcraft ambulance service provider shall make available to the commission for inspection at place of operation during regular business hours any manual of operations required under F.A.R.

(g) Commission certification as a rotorcraft ambulance service provider may be terminated upon the date specified in the notice.

(h) Each rotorcraft ambulance service provider shall establish equipment checklist procedures to ensure the following:

- (1) Electronic and mechanical equipment are in proper operating condition.
- (2) Rotorcraft ambulances shall be maintained in safe operating conditions at all times.
- (3) Emergency patient care equipment required for rotorcraft ambulance certification is maintained in minimum quantities either directly on board the rotorcraft ambulance or available at the time of patient transport.

(i) Each rotorcraft ambulance service provider shall ensure that rigid sanitation conditions and procedures are in effect at all times. The following sanitation standards apply to all rotorcraft ambulances:

- (1) The interior and the equipment within the aircraft are clean and maintained in good working order at all times.
- (2) Freshly laundered linens are used on all litters, and pillows and linens shall be changed after each patient is transported.
- (3) When the aircraft has been utilized to transport a patient known to have a communicable disease, the aircraft shall be cleansed and all contact surfaces be disinfected.

(j) A rotorcraft ambulance service provider shall not operate a rotorcraft ambulance in Indiana if the aircraft does not meet the certification requirements of this article and does not have a certificate issued pursuant to this article; however, a rotorcraft ambulance service provider may operate, for a period not to exceed one hundred eighty (180) consecutive days, a noncertified rotorcraft ambulance if the noncertified rotorcraft ambulance is used to replace a certified rotorcraft ambulance that has been

temporarily taken out of service providing the following:

- (1) The replacement rotorcraft ambulance meets all certification requirements of this article.
- (2) The rotorcraft ambulance service provider shall notify the commission, in writing, within seventy-two (72) hours of the time the replacement rotorcraft is placed in service. The written notice shall identify the following:
 - (A) The replacement date.
 - (B) The certification number of the replaced rotorcraft ambulance.
 - (C) The aircraft identification number of the replacement rotorcraft.
 - (D) The make and type of the replacement rotorcraft ambulance.

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified rotorcraft ambulance was replaced. Temporary certification will not exceed one hundred eighty (180) days, and, upon return to service, the use of the replacement rotorcraft ambulance shall cease. If the replaced rotorcraft ambulance is not returned to service within the one hundred eighty (180) day period, use of the replacement rotorcraft ambulance shall cease unless certification is approved in accordance with this article.

(Indiana Emergency Medical Services Commission; 836 IAC 3-2-4; filed Oct 11, 1988, 11:05 a.m.: 12 IR 370; filed May 15, 1998, 10:25 a.m.: 21 IR 3920; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2494; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2358)

836 IAC 3-2-5 Staffing

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 4-21.5-1

Sec. 5. (a) Each certified rotorcraft ambulance, while transporting an emergency patient, will be staffed by no less than three (3) people that have completed air-medical oriented training as prescribed by the air-medical director. Staffing will include the following requirements:

- (1) The first person shall be a properly certified pilot who shall complete an orientation program covering flight and air-medical operations as prescribed by the air-medical director.
- (2) The second person shall be currently certified, registered, or licensed in Indiana as one (1) of the following:
 - (A) a paramedic;
 - (B) a registered nurse; or
 - (C) a physician with a valid unlimited license to practice medicine;

within the state the air-ambulance is stationed and operating.

- (3) The third person shall be any appropriate personnel required to properly care for the medical needs of the patient at the discretion of the air-medical director. The air-medical personnel on board the aircraft shall be trained in air transport problems and flight physiology.

(b) The advanced life support rotorcraft ambulance service provider organization shall notify the commission in writing within thirty (30) days of any change in the advanced life support services provided.

(c) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease.

(Indiana Emergency Medical Services Commission; 836 IAC 3-2-5; filed Oct 11, 1988, 11:05 a.m.: 12 IR 372; filed May 15, 1998, 10:25 a.m.: 21 IR 3922; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2496; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2360)

836 IAC 3-2-6 Equipment list

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31-3-20

Sec. 6. (a) The advanced life support rotorcraft ambulance service provider organization shall ensure that the following basic life support and advanced life support equipment is carried on-board each rotorcraft ambulance at the time of dispatch:

- (1) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters of mercury, equipped with wide-bore tubing and other rigid and soft pharyngeal suction tips.
- (2) Oropharyngeal airways (adult, child, and infant sizes).
- (3) Nasopharyngeal airways (small, 20-24 french; medium, 26-30 french; large, 30 french or greater).
- (4) Bag mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks

and oxygen reservoirs with oxygen tubing:

- (A) Adult.
- (B) Child.
- (C) Infant (mask only).
- (D) Neonatal (mask only).

(5) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.

(6) Oxygen delivery devices shall include the following:

- (A) High concentration devices, two (2) each, in adult, child, and infant sizes.
- (B) Low concentration devices, two (2) in adult size.

(7) Blood pressure manometer, one (1) each in the following cuff sizes:

- (A) Large adult.
- (B) Adult.
- (C) Child.

(8) Stethoscope in adult size.

(9) Wound care supplies to include the following:

- (A) Sterile gauze pads (4 × 4).
- (B) Airtight dressing.
- (C) Adhesive tape, two (2) rolls.
- (D) Bandage shears.

(10) Rigid extrication collars, two (2) each capable of the following sizes:

- (A) Pediatric.
- (B) Small.
- (C) Medium.
- (D) Large.

(11) Portable defibrillator with self-contained cardiac monitor and E.C.G. strip writer and equipped with defibrillation pads or paddles, appropriate for both adult and pediatric defibrillation, that will not interfere with the aircraft's electrical and radio system.

(12) Endotracheal intubation devices, including the following equipment:

- (A) Laryngoscopes with spare batteries and bulbs.
- (B) Laryngoscope blades (adult and pediatric, curved and straight).
- (C) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.

(13) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities.

(b) Additional equipment and supplies approved by the supervising hospital shall be identified by the rotorcraft ambulance service provider organization's air-medical director and reported in writing to the commission for initial certification and recertification.

(c) All drugs shall be supplied by the supervising hospital, or by written arrangement with a supervising hospital, on an even exchange basis. Lost, stolen, or misused drugs shall only be replaced on order of the advanced life support rotorcraft ambulance service provider organization air-medical director. All medications and advanced life support equipment are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the Indiana board of pharmacy and the drug enforcement administration. (*Indiana Emergency Medical Services Commission; 836 IAC 3-2-6; filed Oct 11, 1988, 11:05 a.m.: 12 IR 373; filed May 15, 1998, 10:25 a.m.: 21 IR 3923; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2497*)

836 IAC 3-2-7 Communications systems requirements

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31-3-20

Sec. 7. (a) Each rotorcraft ambulance shall have all communications equipment required under 14 CFR 135 for the type of aircraft and service provided. In addition the rotorcraft ambulance shall have radio communications equipment that allows it to communicate directly with Indiana hospitals utilizing either the Indiana hospital emergency radio network (IHERN) system or the ultrahigh frequency medical communications channels used for advanced life support.

(b) Transmitters are to operate with an output power not to exceed ten (10) watts as applicable to FCC rules and regulations.

(c) The rotorcraft ambulance service provider shall maintain a dispatch and tactical communications system with the capability to provide a coordinated voice communications linkage within the flying area of the rotorcraft ambulance service provider. These channel(s) will be used exclusively for dispatch and tactical communications and shall be apart from any involved in the IHERN.

(d) Authorization(s) for the use of any frequencies necessary for the required communications linkages with ground personnel identified in section 3(m) of this rule shall be part of the areawide coordinated plan identified in section 2(a)(1)(B) of this rule. *(Indiana Emergency Medical Services Commission; 836 IAC 3-2-7; filed Oct 11, 1988, 11:05 a.m.: 12 IR 373; filed May 15, 1998, 10:25 a.m.: 21 IR 3923; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2498)*

836 IAC 3-2-8 Penalties (Repealed)

Sec. 8. *(Repealed by Indiana Emergency Medical Services Commission; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2372)*

Rule 3. Fixed-Wing Air Ambulance Service Provider

836 IAC 3-3-1 Air ambulances; general requirements

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31-3-20

Sec. 1. (a) Any organization based in Indiana providing, or seeking to provide, fixed-wing air ambulance services utilizing fixed-wing aircraft is required to be certified as an advanced life support fixed-wing air ambulance service provider organization by the commission. The advanced life support fixed-wing air ambulance service provider organization shall be certified in accordance with this article pursuant to IC 16-31 as appropriate.

(b) Certification by the commission as an advanced life support fixed-wing air ambulance service provider is not required for the following:

(1) A person who provides advanced life support while assisting the case of major catastrophe or disaster, whereby persons who are certified to provide emergency medical services or advanced life support are insufficient or are unable to cope with the situation.

(2) An agency or instrumentality of the United States as defined in 836 IAC 2-1-1(d).

(c) The provider of fixed-wing air ambulance services shall ensure that the aircraft used in conjunction with the provision of advanced life support services meets the guidelines as specified in this article pursuant to IC 16-31 and is certified by the commission. Each fixed-wing air ambulance service provider shall meet all applicable parts of F.A.A. regulation and shall hold a valid 14 CFR 135 air carrier certificate or shall have a contract with the holder of a 14 CFR 135 air carrier certificate to provide aviation services under their certificate. Either must also have current F.A.A. approved air ambulance operations specifications.

(d) Advanced life support fixed-wing air ambulance service provider organizations will have a contract with one (1) or more supervising hospitals for the following services:

(1) Continuing education.

(2) Audit and review.

(3) Medical control and direction.

(4) Provide liaison and direction for supply of medications, fluids, and other items utilized by the organization.

(5) Safety and survival programs and education.

The contract will include a detailed description of how such services will be provided to the advanced life support fixed-wing air ambulance service provider organization. In those cases where more than one (1) hospital contracts, or seeks to contract, with an advanced life support fixed-wing air ambulance service provider organization as a supervising hospital, an interhospital agreement will be provided to the commission that clearly defines the specific duties and responsibilities of each hospital to ensure medical, safety, and administrative accountability of system operation. A contract is not required when the hospital and the provider are the

same organization.

(e) The advanced life support fixed-wing air ambulance service provider organization will have an air-medical director provided by the advanced life support fixed-wing air ambulance service provider organization, or jointly with the supervising hospital, who shall be a physician who holds a currently valid unlimited license to practice medicine and has an active role in the delivery of emergency care, and has knowledge of air transport problems and flight physiology. The air-medical director is responsible for providing competent medical direction and overall supervision of the medical aspects of the advanced life support fixed-wing air ambulance service provider organization. The duties and responsibilities of the air-medical director include, but are not limited to, the following:

- (1) Assume all medical control and authority over any and all patients treated and transported by the fixed-wing air ambulance service.
- (2) Providing liaison with physicians.
- (3) Assuring that the drugs, medications, supplies, and equipment are available to the advanced life support fixed-wing air ambulance service provider organization.
- (4) Monitoring and evaluating overall operations.
- (5) Assisting in the coordination and provision of continuing education.
- (6) Providing information concerning the operation of the advanced life support fixed-wing air ambulance service provider organization to the commission.
- (7) Providing individual consultation to the air-medical personnel.
- (8) Participating on the assessment committee of the supervising hospital in at least quarterly audit and review of cases treated by air-medical personnel.
- (9) Attesting to the competency of air crewmembers affiliated with the advanced life support fixed-wing air ambulance service provider organization.
- (10) Designating an individual or individuals to assist in the performance of these duties.

(f) Each fixed-wing air ambulance service provider shall designate one (1) person to assume responsibility for in-service training. This person shall be certified as a paramedic, a registered nurse, or a licensed physician, and actively provide patient care during air transport.

(g) A fixed-wing air ambulance service provider shall not engage in conduct or practices detrimental to the health and safety of emergency patients or to members of the general public while in the course of business or service as a fixed-wing air ambulance service provider.

(h) Each advanced life support fixed-wing air ambulance service provider organization shall do the following:

- (1) Maintain an adequate number of trained personnel and aircraft to provide advanced life support services as advertised and specified in the fixed-wing air ambulance service provider's application for certification or certification renewal.
- (2) Notify the commission in writing within thirty (30) days of a paramedic's affiliation or termination of employment or for any reason that has prohibited a certified individual from performing the procedures required of a paramedic pursuant to 836 IAC 2.

(i) Each fixed-wing air ambulance service provider shall designate one (1) person to assume the responsibilities for establishment of a safety committee consisting of the following:

- (1) Pilot or pilots.
- (2) Air-medical personnel.
- (3) Aircraft maintenance technician or technicians.
- (4) Communications personnel.

The safety committee shall meet at least quarterly and may be concurrent and in conjunction with the audit/review committee. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 374; filed May 15, 1998, 10:25 a.m.: 21 IR 3924; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2498*)

836 IAC 3-3-2 Certification; application

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31; IC 34-6-2-49

Sec. 2. (a) Application for certification as an advanced life support fixed-wing air ambulance service provider will be made

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on forms prescribed by the commission and include, but not be limited to, the following:

- (1) A narrative summary of plans for providing fixed-wing air ambulance services, including the following:
 - (A) The staffing pattern of air-medical personnel and pilots.
 - (B) Base of operations.
 - (C) Aircraft types and identification numbers.
 - (D) A listing of all personnel and their qualifications by category who will regularly serve as pilots and air-medical personnel on the aircraft.
 - (E) A description of the weather minimums for both cross-country and local flights.
 - (F) A copy of the patient care transport record to be utilized on each transport.
- (2) Plans and methodologies to ensure that the trained personnel are provided with continuing education relative to their level of training. Continuing education on air transportation problems and flight physiology shall be provided on an annual basis. Continuing education will be approved by the advanced life support fixed-wing air ambulance service provider organization air-medical director with the cooperation of the supervising hospital.
- (3) A listing of all on-board life support and medical communications equipment available, including a list of drugs and medications to be carried on each aircraft.
- (4) When appropriate, a copy of the contract between the advanced life support fixed-wing air ambulance service provider organization and the supervising hospital or hospitals.
- (5) A copy of all treatment protocols and standing orders (if applicable) under which all nonphysician personnel will operate.
- (6) The insurance requirement of IC 16-31 is satisfied if the fixed-wing air ambulance service provider:
 - (A) has in force and effect public liability insurance according to:

Minimum Limits

Type of Liability	Each Person	Each Occurrence
Bodily injury liability excluding passengers	\$75,000	\$300,000
Passenger bodily injury liability	\$75,000	\$75,000 times 75% of total number of passenger seats installed in the aircraft
Property damage		\$100,000

(B) combined coverage of a single limit of liability for each occurrence, at least equal to the required minimums stated in clause (A) for bodily injury excluding passengers, passenger bodily injury, and property damage; or

(C) is a governmental entity within the meaning of IC 34-6-2-49.

(7) The insurance coverage specified in subdivision (6) shall be for each and every aircraft owned and/or operated by or for the fixed-wing air ambulance service provider.

(b) Upon approval, an advanced life support fixed-wing air ambulance service provider organization will be issued certification for the provision of advanced life support services as required in 836 IAC 2 and this article.

(c) The certificate issued pursuant to these rules and regulations this article is valid for a period of two (2) years from the date of issue and is prominently displayed at the place of business.

(d) Application for certification renewal shall be made not less than sixty (60) days prior to the expiration date of the current certificate. Application for renewal shall be made on such forms prescribed by the commission and shall show evidence of compliance with this article as set forth for original certification. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-2; filed Oct 11, 1988, 11:05 a.m.: 12 IR 375; filed May 15, 1998, 10:25 a.m.: 21 IR 3925; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2499*)

836 IAC 3-3-3 Minimum specifications

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31-3-20

Sec. 3. (a) The fixed-wing ambulance performance characteristics are inherent in the type of aircraft selected by the fixed-wing air ambulance service provider. The aircraft and its equipment and operations shall be in compliance with prevailing F.A.R. for the type of aircraft in question and flying conditions under which the aircraft will be operated as specified in the 14 CFR 135 air carrier certificate of the fixed-wing air ambulance service provider.

(b) The aircraft shall be capable of carrying a minimum of one (1) patient on a litter in a horizontal position located so as not

to obstruct the pilot's vision or interfere with the performance of any member of the flight crew or required air-medical personnel.

(c) There shall exist a means of securing each litter and attached patient securely to either the floor (deck), walls (bulkhead), seats, or specific litter rack or any combination thereof which shall comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a field approval or supplemental type certificate (STC) shall be obtained.

(d) There shall be demonstrable unobstructed vertical space at the head and thorax areas of the upper surface of a litter or litters to allow for performance of advanced life support cardiac care.

(e) Both the head and thorax of the secured patient shall be accessible by a minimum of two (2) air-medical personnel at one (1) time.

(f) The patient compartment shall have lighting available for patient observation (a minimum of forty (40) foot-candles at the level of the patient is recommended). Lighting shall be such as to not interfere with the pilots vision and will be focused, shielded, diffused, or colored illumination.

(g) The patient compartment shall have fresh air ventilation for the comfort of all persons on board.

(h) The patient compartment shall have temperature regulation to assure the comfort of all persons on board.

(i) The aircraft shall have one (1) door demonstrably large enough for ease of litter patient loading and unloading in the supine position.

(j) The electrical system of the aircraft shall be capable of supporting all of the ancillary equipment without the threat of overload or systems failure.

(k) Other specialized equipment may be required to conduct certain operations. The installation of this equipment shall comply with an acceptable method using either approved data from the aircraft manufacturer or data approved by the F.A.A. If data approved by the F.A.A. is required, a field approval or supplemental type certificate (STC) shall be obtained.

(l) The aircraft shall be equipped with adequate patient restraints to preclude interference with the crew or aircraft flight controls.

(m) The aircraft shall have an intercommunications system. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-3; filed Oct 11, 1988, 11:05 a.m.: 12 IR 376; filed May 15, 1998, 10:25 a.m.: 21 IR 3926; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2500*)

836 IAC 3-3-4 Operating procedures; flight and medical

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 4-21.5-1

Sec. 4. (a) Each organization shall maintain accurate records concerning the emergency care provided to each patient within the state as well as the following:

(1) All advanced life support fixed-wing ambulance service providers shall utilize a patient care transport record.

(2) All advanced life support fixed-wing ambulance providers shall participate in the emergency medical service system review by:

(A) collecting all data elements prescribed by the commission; and

(B) reporting that information according to the procedures and schedules prescribed by the commission.

(b) Premises shall be maintained, suitable to the conduct of a fixed-wing air ambulance service, with provision for adequate storage and/or maintenance of fixed-wing ambulances and the on-board equipment.

(c) Each fixed-wing air ambulance service provider shall have a periodic maintenance program as outlined for each specific aircraft certified by the commission in compliance with F.A.A. and manufacturer's service recommendations (MSR) guidelines as a minimum to assure that each fixed-wing ambulance, including equipment, is maintained in good, safe working condition.

(d) All fixed-wing air ambulance service provider premises, records, and fixed-wing ambulances shall be made available for inspection by the director or his authorized representative at any time during regularly scheduled business hours.

(e) A determination of noncompliance with F.A.R. may result in immediate suspension of commission certification as a fixed-wing air ambulance service provider.

(f) Each fixed-wing air ambulance service provider shall make available to the commission for inspection at place of operation during regular business hours any manual of operations required under F.A.R.

(g) Commission certification as a fixed-wing air ambulance service provider may be terminated upon the date specified in the notice.

- (h) Each fixed-wing air ambulance service provider shall establish equipment checklist procedures to ensure the following:
 - (1) Electronic and mechanical equipment are in proper operating condition.
 - (2) Fixed-wing ambulances shall be maintained in safe operating conditions at all times.
 - (3) Emergency patient care equipment required for fixed-wing ambulance certification is maintained in minimum quantities either directly on board the fixed-wing ambulance or available at the time of patient transport.
- (i) Each fixed-wing air ambulance service provider shall ensure that rigid sanitation conditions and procedures are in effect at all times. The following sanitation standards apply to all fixed-wing ambulances:
 - (1) The interior and the equipment within the aircraft are clean and maintained in good working order at all times.
 - (2) Freshly laundered linens are used on all litters, and pillows and linens shall be changed after each patient is transported.
 - (3) When an aircraft has been utilized to transport a patient known to have a communicable disease, the aircraft shall be cleansed and all contact surfaces be washed with soap and water and disinfected.
- (j) A fixed-wing air ambulance service provider shall not operate a fixed-wing ambulance in Indiana if the fixed-wing ambulance does not meet the certification requirements of this article and does not have a certificate issued pursuant to this article; however, a fixed-wing air ambulance service provider may operate, for a period not to exceed one hundred eighty (180) consecutive days, a temporary replacement fixed-wing ambulance if the temporary replacement fixed-wing ambulance is used to replace a certified fixed-wing ambulance that has been temporarily taken out of service providing the following:
 - (1) The replacement fixed-wing ambulance shall meet all certification requirements of this article.
 - (2) The fixed-wing air ambulance service provider shall notify the commission, in writing, within seventy-two (72) hours of the time the replacement fixed-wing ambulance is placed in service. The written notice shall identify the following:
 - (A) The replacement date.
 - (B) The certification number of the replaced fixed-wing ambulance.
 - (C) The aircraft identification number of the replacement fixed-wing ambulance.
 - (D) The make and type of the replacement fixed-wing ambulance.

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified rotorcraft ambulance was replaced. Temporary certification will not exceed one hundred eighty (180) days, and, upon return to service, the use of the replacement fixed-wing ambulance shall cease. If the replaced fixed-wing ambulance is not returned to service within the one hundred eighty (180) day period, use of the replacement fixed-wing ambulance shall cease unless certification is approved in accordance with this article.

(Indiana Emergency Medical Services Commission; 836 IAC 3-3-4; filed Oct 11, 1988, 11:05 a.m.: 12 IR 376; filed May 15, 1998, 10:25 a.m.: 21 IR 3926; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2501; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2360)

836 IAC 3-3-5 Staffing

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 4-21.5-1; IC 16-31-3-14

- Sec. 5. (a) Each certified fixed-wing ambulance while transporting an emergency patient shall be staffed by no less than three (3) people and include the following requirements:
- (1) The first person shall be a properly certified pilot who shall complete an orientation program covering flight, and air-medical operations as prescribed by the air-medical director.
 - (2) The second person shall be an Indiana certified paramedic or registered nurse or a physician with a valid unlimited license to practice medicine.
 - (3) The third person shall be any appropriate personnel to properly care for the medical needs of the patient as required on board the fixed-wing aircraft in the patient compartment.
 - (4) All medical personnel on board the aircraft must be trained in air transport problems and principles of flight physiology.
- (b) The advanced life support fixed-wing air ambulance service provider organization shall notify the commission in writing within thirty (30) days of any change in the advanced life support services provided.

(c) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease.

(Indiana Emergency Medical Services Commission; 836 IAC 3-3-5; filed Oct 11, 1988, 11:05 a.m.: 12 IR 378; filed May 15, 1998, 10:25 a.m.: 21 IR 3928; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2503; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2362)

836 IAC 3-3-6 Equipment list

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31-3-20

Sec. 6. (a) The advanced life support fixed-wing air ambulance service provider organization shall ensure that the following basic life support and advanced life support equipment is available on-board each aircraft and is appropriate for the age and medical condition of the patient to be transported, at the time of transport:

- (1) Portable or fixed suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters of mercury, equipped with wide-bore tubing and other rigid and soft pharyngeal suction tips.
- (2) Oropharyngeal airways (adult, child, and infant sizes).
- (3) Nasopharyngeal airways (small, 20-24 french; medium, 26-30 french; large, 30 french or greater).
- (4) Bag mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:
 - (A) Adult.
 - (B) Child.
 - (C) Infant (mask only).
 - (D) Neonatal (mask only).
- (5) Portable oxygen equipment with *[sic.]* of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter.
- (6) Oxygen delivery device shall include the following:
 - (A) High concentration devices, two (2) each, in adult, child, and infant sizes.
 - (B) Low concentration devices, two (2) in adult size.
- (7) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (A) Large adult.
 - (B) Adult.
 - (C) Child.
- (8) Stethoscope in adult size.
- (9) Wound care supplies to include the following:
 - (A) Sterile gauze pads (4 × 4).
 - (B) Airtight dressing.
 - (C) Bandage shears.
 - (D) Adhesive tape, two (2) rolls.
- (10) Rigid extrication collars, two (2) each capable of the following sizes:
 - (A) Pediatric.
 - (B) Small.
 - (C) Medium.
 - (D) Large.
- (11) Portable defibrillator with self-contained cardiac monitor and E.C.G. strip writer and equipped with defibrillation pads or paddles, appropriate for both adult and pediatric defibrillation, that will not interfere with the aircraft's electrical and radio system.
- (12) Endotracheal intubation devices, including the following equipment:
 - (A) Laryngoscopes with spare batteries and bulbs.
 - (B) Laryngoscope blades (adult and pediatric, curved and straight).
 - (C) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter.
- (13) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities.

(b) Additional equipment and supplies approved by the supervising hospital shall be identified by the fixed-wing air ambulance service provider organization air-medical director and reported in writing to the commission for initial certification and recertification.

(c) All drugs shall be supplied by the supervising hospital, or by written arrangement with a supervising hospital, on an even exchange basis. Lost, stolen, or misused drugs shall only be replaced on order of the advanced life support fixed-wing air ambulance service provider organization medical director. All medications and advanced life support equipment are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the Indiana board of pharmacy and the drug enforcement administration. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-6; filed Oct 11, 1988, 11:05 a.m.: 12 IR 379; filed May 15, 1998, 10:25 a.m.: 21 IR 3929; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2503*)

836 IAC 3-3-7 Communications systems requirements

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31-3-20

Sec. 7. (a) Each fixed-wing ambulance shall have all communications equipment required under 14 CFR 135 for the type of aircraft and service provided. In addition, the fixed-wing ambulance shall have radio communications equipment that allows it to communicate directly with Indiana hospitals utilizing either the Indiana hospital emergency radio network (IHERN) system, the ultrahigh frequency medical communications channels used for advanced life support, or air-to-ground radio telephone.

(b) Transmitters are to operate with an output power not to exceed ten (10) watts as applicable to FCC rules and regulations.

(c) The fixed-wing air ambulance service provider shall maintain a dispatch and tactical communications system with the capability to provide a voice communications linkage with the fixed-wing air ambulance service provider's base station. This channel will be used exclusively for dispatch and tactical communications and shall be apart from any involved in the IHERN.

(d) In addition to subsection (a), each multi-engine fixed-wing air ambulance shall be equipped with a minimum of two (2) VHF aircraft band transceivers and two (2) independently functioning audio panels, allowing each required pilot to communicate with ground resources separately. (*Indiana Emergency Medical Services Commission; 836 IAC 3-3-7; filed Oct 11, 1988, 11:05 a.m.: 12 IR 380; filed May 15, 1998, 10:25 a.m.: 21 IR 3929; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2504*)

836 IAC 3-3-8 Penalties (Repealed)

Sec. 8. (*Repealed by Indiana Emergency Medical Services Commission; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2372*)

Rule 4. Waivers

836 IAC 3-4-1 Exception (Repealed)

Sec. 1. (*Repealed by Indiana Emergency Medical Services Commission; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2372*)

Rule 5. Registry for Out-of-State Advanced Life Support Fixed-Wing Ambulance Service Provider

836 IAC 3-5-1 Certificate of registry

Authority: IC 16-31-2-7; IC 16-31-3-20

Affected: IC 16-31-3-20

Sec. 1. (a) Application for certificate of registry as a fixed-wing ambulance service provider shall be made on forms prescribed by the commission and include, but are not limited to, a narrative summary of plans for providing fixed-wing ambulance services, including the following:

(1) The staffing pattern of personnel.

(2) Base of operations and a level of care to be provided.

(3) The training and experience of the applicant in the transportation and care of patients.

(4) A description and general location of each aircraft to be used as an air ambulance, including the make, model, year of manufacture, insignia, name or monogram, or other distinguishing characteristics.

(5) Types and quantity of medical equipment on board.

(6) Proof of current valid certification or license issued by another state.

(7) Other information as requested by the commission.

(b) Upon approval by the commission, the fixed-wing ambulance service provider shall be registered by the commission.

(c) Each fixed-wing ambulance shall comply with all applicable F.A.A. and F.A.R. requirements pertaining to operating as a commercial air transport service.

(d) Certificate of registry is required for all advanced life support fixed-wing ambulance service providers based outside of Indiana and transporting patients originating in Indiana. (*Indiana Emergency Medical Services Commission; 836 IAC 3-5-1; filed Oct 11, 1988, 11:05 a.m.: 12 IR 380; filed May 15, 1998, 10:25 a.m.: 21 IR 3930; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2505*)

Rule 6. Medicolegal Responsibilities

836 IAC 3-6-1 Medicolegal responsibilities between medical facilities (Repealed)

Sec. 1. (*Repealed by Indiana Emergency Medical Services Commission; filed Apr 4, 2002, 9:08 a.m.: 25 IR 2505*)

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